

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0201	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/03/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE WATERS OF SHELBYVILLE, LLC

**835 UNION STREET
SHELBYVILLE, TN 37160**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 12/03/2018. During this Life Safety Survey, The Waters of Shelbyville was found not in substantial compliance with The Rules of Tennessee Department of Health Board for Licensing Health Care Facilities Chapter 1200-08-06 Standards For Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition). * All penetrations requiring Fire Stop shall be repaired in accordance with a tested and approved Fire Stop System meeting the requirements of the UL (Underwriters Laboratory) assembly to which the Fire Stop is being applied. The system used shall be recorded and documentation shall be maintained for the life of the installation. *Any Engineering Judgments for Fire Stop requires State approval.	N 000		
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall environment.	N 831	N831 – It is the intent of the facility to insure to maintain the overall environment of the facility to meet set standards. 1. CORRECTIVE ACTIONS TAKEN: a. By 1/15/19, the Maintenance Supervisor/certified fire-stop contractor will have installed a fire-resistant material between the HVAC ductwork and the fire/smoke ceiling barrier in the basement to meet set standards. The Administrator will verify the installation by 1/15/19.	1-15-19

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0899

01CY21

If continuation sheet 1 of 2

Division of Health Care Facilities

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N 831	Continued From page 1 The findings included: 1. Observations on 12/3/2018 between 10:30 AM - 10:45 AM, revealed multiple HVAC ducts embedded into the fire/smoke ceiling barrier in the basement. NFPA 101, 8.3.5.1 (2012 Edition) 2. Observations on 12/3/2018 between 10:30 AM - 10:45 AM, revealed mixed firestop through the basement penetrations (pipes, conduits, etc) NFPA 101, 8.3.5.1 (2012 Edition) 3. Observation on 12/3/2018 at 10:25 AM revealed an unsealed flex conduit in the fire/smoke ceiling barrier in the basement. NFPA 101, 8.3.5.1 (2012 Edition) 4. Observation on 12/3/2018 at 10:00 AM revealed an unsealed communication wire in the corridor wall by room 23. NFPA 101, 8.3.5.1 (2012 Edition) The maintenance director was present when these deficiencies were identified and were later acknowledged by the administrator in the exit conference on 12/3/2018.	N 831	<p>b. By 1/15/19 the Maintenance Supervisor/certified fire-stop contractor removed the mixed firestop from the basement penetrations and replaced it all with a fire-resistant material to meet set standards. The Administrator will verify the installation on 1/15/19.</p> <p>c. By 1/15/19, the Maintenance Supervisor/certified fire-stop contractor will use a fire-resistant material to seal around the flex conduit in the fire/smoke ceiling barrier in the basement to meet set standards. The Administrator will verify the repair by 1/15/19.</p> <p>d. By 1/15/19, the Maintenance Supervisor/certified fire-stop contractor will have used a fire-resistant material to seal around the communication wire in the corridor wall by Room #23 to meet set standards. The Administrator will verify the repair by 1/15/19.</p> <p>2. ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>a. All residents and all staff and visitors have the potential to be affected but none were. By 1/15/19, the Maintenance Supervisor/certified fire-stop contractor inspected all fire/smoke barriers for unsealed penetrations or mixed firestop and found no other negative findings.</p>	1-15-19

S. Allison RN TDON 12/28/18

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S. Allison RN DON 12/28/18